

Access Agreement for international affilates and group companies. The IA companies occupational health and safety information system (the IA System)

The Agreement concerns:

Entering into an agreement for the use of the IA System as an international affilate or group company of a company with an insurance plan from AFA Trygghetsförsäkringsaktiebolag.

Please write clearly in BLOCK CAPITALS)	No. employees	Company reg. no.
, ,		
International affilate or group company		
Company name		Country
Name of the company holding an insurance plan from AFA Trygghetsförsäkringsak	tiebolag	Company reg. no.

Name of the company holding an insurance plan from AFA Tryggnetsforsakringsaktiebolag					Company reg. no.							
		1	1	1	1	1	1	1	1	1	1	

Senior	Name	Phone (incl. area code)
administrator		
	Email	

Signature of authorised signatory for International affilate or Group Company

This Access Agreement comprises this "Access Agreement" form, General Terms and Conditions for the IA System (Appendix 1), Personal Data Processor Agreement (Appendix 2) and IA System Security (Appendix 3). By signing this Access Agreement, the International affilate or group company agrees to comply with all terms and conditions. The International affilate or group company confirms that this access agreement is only valid as long as the company signing this agreement is an affilate or part of the group of the company holdning the insurance plan with AFA Trygghetsförsäkringsaktiebolag.

The International affilate or group company further confirms that the above individual has been assigned the authority to use the IA System on behalf of the International affilate or group company.

I hereby request access to the IA System for the International affilate or group company. I confirm that I have read, understood and, on behalf of the International affilate or group company, accept the terms and conditions of the Access Agreement and its appendices.

City and date

Signature of authorised signatory/representative

Name in block letters

Position

F3035 001 F3035 21.10

The Access Agreement should be sent to AFA Försäkring, SE-106 27 Stockholm, Sweden

Postal address	Street address	Customer Centre	Phone switchboard +46(0)8-696 40 00	Internet och email	Corporate ID no.
AFA Trygghetsförsäkringsaktiebolag 106 27 Stockholm	Klara Södra Kyrkogata 18	+46 (0)8-696 49 49	Fax +46(0)8-696 45 45	www.afaforsakring.se iasupport@afaforsakring.se	516401-8615